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22840 7590 01/06/2006

GE HEALTHCARE BIO-SCIENCES CORP.
 PATENT DEPARTMENT
 800 CENTENNIAL AVENUE
 PISCATAWAY, NJ 08855

03/15/2006 CNGUYEN1 00000084 502590 09921045

01 FC:1501 1400.00 DA
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MELISSA LECK (Depositor's name)
 (Signature)
 MARCH 15, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/921,045	08/02/2001	David Dorris	PU01111	7635

TITLE OF INVENTION: RATIO-BASED OLIGONUCLEOTIDE PROBE SELECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BRUSCA, JOHN S	1631	702-027000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 YONGGANG JI

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GE HEALTHCARE BIO-SCIENCES AB

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UPPSALA, SWEDEN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Yonggang Ji

Date **MARCH 15, 2006**

Typed or printed name

YONGGANG JI

Registration No. **53,073**

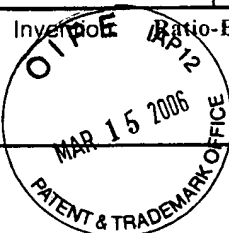
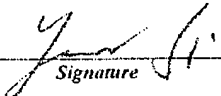

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)					Docket No. PU01111	
Applicant(s): David Dorris						
Application No. 09/921,045	Filing Date 08/02/2001	Examiner John S. Brusca	Customer No. 22840	Group Art Unit 1631	Confirmation No. 7635	
Inventor: Ratio-Based Oligonucleotide Probe Selection						
 Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450						
Transmitted herewith are the following for the above-identified application.						
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85						
<input checked="" type="checkbox"/> Utility Fee: <u>\$ 1400.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____						
<input checked="" type="checkbox"/> Publication Fee: <u>\$ 300.00</u>						
<input type="checkbox"/> A check in the amount of _____ is attached.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>502-590</u> as described below.						
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<input checked="" type="checkbox"/> Credit any overpayment.						
<input checked="" type="checkbox"/> Charge any additional fee required.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: March 15, 2006			
Yonggang Ji GE Healthcare Bio-Sciences Corp. Patent Department 800 Centennial Avenue Piscataway, NJ 08855 (732) 980-2875 Customer No.: 22840 Reg. No.: 53,073						
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